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# Action

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## An encouraging progress report

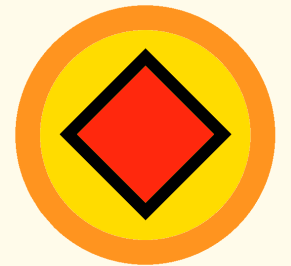
At half course of the negotiations, the most recent developments regarding the bargaining talks were presented at this Special Federal Council. In the absence of the President, Lina Bonamie, the 1<sup>st</sup> Vice-President, Michèle Boisclair, opened the meeting by recalling the orientations adopted by the delegation at the previous Special Federal Council on negotiations. *"We knew that the government wanted to settle by the end of December and we agreed that we did not want the negotiations to drag on. We reiterated our intention of obtaining a settlement that contains lasting solutions to the problems identified and we officially launched the negotiations by adopting our action plan and our slogan Solutions for providing care!"*



She informed delegates that there had been intensive negotiations with the government, who seemed to have a true will to settle with the health professions of the Federation. *"As you will see when you hear the progress report, we have made considerable progress on our priorities. You may be surprised to hear that such progress has been made. The announcement of our action plan, along with the cohesion and determination which we demonstrated in the visibility operation undoubtedly worried the government and helped to speed up the talks at the bargaining table. Moreover, our credibility and the fighting spirit which we demonstrated in the past bore fruit."*

*"The members of the Negotiating Committee and the Negotiation Steering Committee are actively working to consolidate the demands and priorities in order to obtain a collective agreement that best meets your expectations. During this Federal Council, we will also discuss the action plan."*

Madam Boisclair concluded with the following remarks: *"We must never lose sight of our objective: a significant improvement of working conditions for the members of the FIIQ. We can be proud of the headway we have made to date and are confident that these negotiations will be concluded in the best interest of our members. We must remain actively involved in the dynamics of the negotiation and take part in action with force and determination."*



# Advances

## to counter the effects of the shortage

"What counts is not the length of the negotiations as much as the will of the parties to reach a settlement." These words spoken by the Executive officer in charge of negotiations, Sylvie Savard, are those that best sum up the intensive bargaining talks of the past weeks. The Executive officers in charge of the negotiations, Sylvie Savard and Monique Leroux, accompanied by the consultants Richard Beaulé and Linda Perron, presented a progress report to the delegates.

Following the agreement regarding the decentralisation of the negotiations, the FIIQ Negotiating Committee and the CPNSSS undertook negotiations on the decentralised and harmonized draft collective agreement, presented on September 29, 2005. These talks began by addressing the less contentious subjects and finally, last October 27, addressed the Federation's priorities with regard to the attraction and retention of nursing and cardiorespiratory care professionals, the development of human resources and the accelerated dispute mechanism. Starting at this time, the talks entered an intensive stage in an effort to arrive at a framework for a settlement on the sectorial matters having a financial impact.



### Why a bargaining blitz?

Several elements of the **political context** led the Negotiating Committee to undertake a negotiation blitz. Here are some of the elements of this context:

#### A government that is intransigent with union organizations

The Charest government has an anti-union stance and is firm on maintaining its neoliberal rectitude, and this despite its unpopularity resulting from the widely-disapproved bills.

#### A government in pre-electoral mode

In his public interventions in the past months, Premier Charest presented himself as the defender of taxpayers. He attempts to limit the stakes of the present bargaining round to the mere question of salaries, thus opposing government employees and the public, pay raises and income tax cuts. This attitude towards unions has resulted in increased popularity. We may therefore think that he will try to use the negotiations to increase his capital of sympathy and, afterwards, benefit from the last 18 months of his mandate to polish up his image and announce the promised tax cuts.

#### A government concerned by health

Since this government claims that health is its priority, it must take action to demonstrate that its action has not simply consisted of changing structures (Bills 25 and 30), but also concrete measures designed to improve services to the public. Despite the anti-union stance of the government, Minister Philippe Couillard and the President of the *Conseil du trésor*, Monique Jérôme-Forget, indicated on several occasions that the government wanted to reach negotiated settlements, in particular to improve the working conditions of the caregiving personnel.

#### A government seeking negotiated agreements

The Charest government needs to conclude negotiated agreements in order to demonstrate that it is capable of governing otherwise than by passing decrees, in a climate of confrontation and dispute. Last spring and once again this fall, it came very close to agreeing with the *Fédération des syndicats de l'enseignement (FSQ-CSQ)* but the talks failed. On November 5, it came to an agreement with the *Syndicat de la Fonction publique du Québec (SFPQ)*, except on the question of salaries that is still in abeyance.

Regarding the **union context**, the following elements were also considered by the Negotiating Committee:

#### A divided common front

While in December 2003, the main union organizations agreed on the importance of constituting a common front against the Liberal government, the inter-union reality was quite different. Even the traditional common front composed of the CSN-CSQ-FTQ central labour bodies was divided from the start with the departure of the CSQ. The latter could no longer wait for the health and social services sector, caught up in the union allegiance votes, to be in a position to begin negotiations. The CSQ therefore allied, for the negotiation of salaries alone, with the *Syndicat de la fonction publique du Québec (SFPQ)* and the *Syndicat des professionnelles et professionnels du gouvernement du Québec (SPGQ)*, and they tried, to no avail, to agree with the government last spring.

#### A difficult alliance in the health sector

The adoption of Bill 30 completely upset the union representation in the health-care sector. The majority of Class I employees are now represented by the FIIQ and those in Class 4 are represented by the APTS. The vast majority of those in classes 2 and 3 are unionized with the FSSS-CSN. The challenges of classes 1 and 4, affected by a shortage of personnel, are not the same as those of classes 2 and 3, where the job categories are bound to be the most targeted by sub-contracting and privatization. The difference in the negotiation priorities of each of these organisations made it difficult - if not impossible - to form an alliance among the unions in the health sector.

#### A new and emerging force

FIIQ+ has come out of the recent votes stronger than before. However, we have to recognize that affiliated unions are in the process of setting up and organizing their new units. In this context, the mobilisation of members is a major challenge.

After having analyzed these elements of the general context, the Negotiating Committee chose to undertake intensive negotiations in view of making the most of the will announced by the government to improve the working conditions of the caregiving personnel.





## Discussions with CPNSSS



At the November 2002 Federal Council, six priorities were adopted by the delegates. Until today, talks with the CPNSSS essentially addressed these priorities.

In the context of this bargaining round, these priorities contain solutions for providing care and the CPNSSS accepted several of these. We therefore had to convince the *Conseil du trésor* to grant the necessary budgets in order, among other things, to grant positions to all nursing and cardiorespiratory care professionals, to substantially increase the amounts allocated to human resources development, to pay employees who work on Christmas and New Years at time-and-a-half rate and to implement measures to retain employees eligible for retirement and to encourage some of them to come back to work.

As for the priority regarding the restructuring of work time, it was not possible to obtain it. The government was absolutely against any measure that could result in increased personnel shortage. With supporting figures, the management party argued that implementing throughout Quebec the new work time model proposed by the FIIQ would make the shortage worse and that it would be hazardous to do this. This does not mean that this project will never come to be since, with pilot projects set up with the collaboration of institutions and the *ministère de la Santé et des Services sociaux*, the FIIQ will demonstrate that this solution is a promising one for the future.

Here are the results of the talks with the CPNSSS :

### ● THE RESTRUCTURING OF WORK TIME

It is under this priority that we find the demands pertaining to the reduction of the number of work days, pre-retirement and statutory holidays.

#### Reduction of the number of work days

The CPNSSS demonstrated to the Negotiating Committee that the situation had considerably evolved since spring 2002, time when the FIIQ had developed its model for the restructuring of work time. Thus, in the past five years, the hours worked by nurses increased by 10%, which represents the equivalent of 3,600 full-time employees. This huge increase of the labour offer was met by the arrival of new employees, the considerable increase in the number of full-time employees, more recourse to overtime and, finally, thanks to a greater labour offer of part-time employees. According to the estimations of the *ministère de la Santé et des Services sociaux*, implementing the restructured work time model in 2006, would entail a new increase of the labour offer equal to another 3,600 equivalent full-time nurses, which it is evident that the network cannot provide.

These figures alone explain the considerable negative impact that the implementation of the restructured work time model could have. After having discussed the situation with the various experts of the ministry and the FIIQ, the members of the Negotiating Committee came to the conclusion that this was too big a risk to be taken, given that the positive repercussions of the restructuring of work time were only hypothetical.

The talks on this demand nevertheless made it possible to begin thinking on the positive effects that new work time models could have. Thus, a Quebec parity committee should continue studying the question and implement this model for the arrangement of work time in the form of pilot projects. It is therefore only put off to another bargaining round. Thus, it was agreed to:

#### ● Set up a Quebec committee having the mandate:

- To take note of the conclusions of the *Comités de planification de main-d'œuvre* coordinated by the *ministère de la Santé et des Services sociaux* regarding the labour force shortages.

- To make recommendations to the bargaining parties regarding the development of measures to promote the labour offer, and personnel attraction and retention.

#### ● Pre-retirement

- The objective of this demand is to make adjustments in the work environment so that personnel eligible for retirement may agree to put off retiring. For the FIIQ, the transfer of know-how to peers and the support which senior caregivers can provide to newly-hired employees justify the introduction of incentives encouraging health professionals who so wish to pursue their careers.

- For employees eligible for retirement, it was agreed to add:

- 5 days of leave per year at 55 and 56 years of age

- 10 days of leave per year for employees 57 years and over;

- And for the employee who holds a part-time position:

- The number of days of additional leave is prorated to the number of days worked.

- Health professionals would like to be able to return to work some time after they retire. Presently, the RREGOP Act only allows this for employees who contributed to the RREGOP before 1983. For the future, it was agreed:

- To introduce a letter of intent in the collective agreement stipulating that the government will undertake the necessary steps to amend the RREGOP Act in order to allow retirees to receive their pension benefits when they occupy an employment.



## Statutory holidays

Having to work on statutory holidays, in particular Christmas and New Year's Day, when a large part of the population takes advantage of these days to take part in activities with family and friends, should be better compensated. Therefore, it was agreed that:

**Work performed on the statutory holidays of Christmas or New Year's Day shall be paid at time and a half, in addition to postponing the statutory holiday.**

## ● THE STABILIZATION OF POSITIONS

This priority includes the granting of permanent positions to all employees, the stabilization of work teams and the reduction of the period for taking annual vacations. Following the decentralization of the negotiation imposed by Bill 30, the demands regarding the stabilization of work teams and the reduction of the period for taking annual vacations will be negotiated at the local level.

### Granting of permanent positions to all employees

The granting of permanent positions to a maximum number of employees has been the object of demands for close to 20 years. Towards the end of the 1980s, mechanisms for the conversion of hours of replacement into permanent positions was the first step towards greater job stability. This struggle against job precariousness was long, but the objective of offering job security and a work schedule in advance to all health professionals seems within arm's reach. Thus, it was agreed to:

**Modify the definition of part-time employee in order that henceforth the latter hold a position composed of at least the equivalent of eight (8) work shifts per 28-day period.**

**This modification comes into effect on the date agreed to between the local parties after the negotiation of the provisions negotiated and agreed to at the local level but, at the latest, (6) six months after the date of the coming into effect of these provisions.**



## ● MAINTENANCE AND DEVELOPMENT OF COMPETENCIES

This priority includes both access to training, the Human Resources Development Plan (HRDP) and the recognition of experience and expertise.

### Access to training and the Human Resources Development Plan

In a context where health professionals' practice must constantly adapt to the evolving environment and the evolution of knowledge, participation in training activities should be facilitated. Moreover, the work environment should offer opportunities for continuing professional training, throughout one's career.

Of course, the budgets allocated to human resources development are extremely important in this respect. Currently, these budgets represent 2.39 days per full-time equivalent in the FIIQ collective agreement, 0.24% of the wage bill in the UQIIA collective agreement and 0.4% of the wage bill in the APIQ collective agreement.

The raise obtained would represent a very significant increase in the amount allocated for human resources development, in particular for nursing assistants and respiratory therapists :

For all health professional in Class 1, the increase in the budgets devoted to human resources development:

- On April 1, 2006 : shall be increased to 2.5 days/year per FTE (F-T equivalent)
- On April 1, 2007 : shall be increased to 3 days/year per FTE
- On April 1, 2008 : shall be increased to 3.5 days/year per FTE

There would also be provisions to oblige the employer to use these amounts advisedly and to carry over remaining sums to the following financial year, in the event that they have not been used completely during the year.

Also, in order to attract and retain the new generation who, unfortunately, often leaves the profession in the course of the first years of professional practice, it was agreed that:

**specific annual budget equivalent to 0,5 day per year per full-time equivalent for the training of nurses hired in the course of the past five (5) years.**

### Recognition of experience and expertise

Concerning this priority demand, the Federation presented, in December 2004, a clinical career path model. In this model, we introduce the notice of experience equivalence to have access to certain job titles. This recognition of expertise represents a major source of motivation and valorization, besides allowing for greater access to positions.

Moreover, the introduction of new job titles in the collective agreement has also been a long-standing demand. Indeed, the situation calls for a better match between the roles, tasks, functions and responsibilities and the officially recognized job titles.

Thus, the parties agreed that:

**The following job titles and their definition would be introduced in the collective agreement:**

- Outpost/northern clinic nurse
- Nurse Care counsellor
- First Surgical Assistant Nurse
- Specialty nurse practitioner
- Candidate nurse practitioner

## ● ACCELERATED SETTLEMENT OF DISPUTES

This priority includes the conditions pertaining to the arbitration of grievances and salary insurance.

### Arbitration of grievances

Regarding the arbitration of grievances, we concluded that nothing had been done, in the course of the past 15 years, to facilitate hearings and thus administer justice within a reasonable time period in the case of disputes concerning the interpretation or application of the collective agreement. Talks on the introduction of a list of arbitrators, a procedure for the exchange of documents and a mediation process are making headway, and will be completed in the coming weeks.

### Salary insurance

For the Federation, the numerous disputes regarding the recognition of employees on disability and their right to salary insurance benefits require short-term solutions. Indeed, while employers systematically refuse to recognize disabilities and stop paying benefits, the traditional arbitration process gives disabled employees little choice: dealing with an extended absence of income or returning to work against the advice of their attending physician.

To put an end to this management practice, the Federation demanded an alternative mode of settlement. Thus, it was agreed:

**To introduce an arbitration mechanism with the maintenance of the disability benefits as long as the arbitration award has not been delivered.**



## Other demands

In the offer presented in June 2004 and in Spring 2005, the management party made demands on several items of the collective agreement, reducing the rights of employees, in particular with regard to salary insurance and union leaves. However, these setbacks have been considerably limited.

### ● UNION LEAVES

One of the Charest government's objectives in merging bargaining units was to considerably lower the number of leaves granted to union representatives for internal union activities and for participation in activities held outside of the institution, such as training sessions, Federal Council and convention meetings. In this context, the Federation's demands concerning union leaves were formulated to ensure an active union life and presence in institutions. An agreement was concluded on this issue and, despite a lesser number of union leaves, service to members will be ensured and union activities will be maintained in all institutions.

### ● ARBITRATION EXPENSES

The question of the sharing of arbitration expenses is far from new. The management party has been striving, for a long time now, to have arbitration expenses shared equally by the parties. Considering that the management proposal limits the expenses shared, it was agreed that:

**In the case of a grievance contesting dismissal, expenses are entirely at the employer's expense.**

**In other cases, the grievance arbitrator's fees and expenses are entirely paid for by the losing party.**

### ● CONTRIBUTION OF THE EMPLOYER TO THE BASIC DRUG INSURANCE PLAN

A demand was formulated to increase the employer's contribution to the Basic Drug Insurance plan. These rates, that were increased by a few pennies in the last bargaining round, were not increased since the end of the 1980s. Thus, it was agreed to:

**Increase the amounts of contributions to the Basic drug insurance plan:**

- on April 1, 2006 - 30% increase
- on April 1, 2007 - 15% increase
- on April 1, 2008 - 10% increase

These percentages represent :

	2005	2006 30%	2007 15%	2008 10%
FOR THE INDIVIDUAL PLAN	\$2,00	\$2,60	\$2,99	\$3,29
FOR THE SINGLE-PARENT AND FAMILY PLAN	\$5,00	\$6,50	\$7,48	\$8,22

## Here are the coming steps in the framework of the negotiations

- PURSUIT OF THE NEGOTIATIONS ON THE OTHER PRIORITY DEMANDS  
(prevention of violence, accelerated dispute settlement, access to childcare)
- NEGOTIATION OF THE CLAUSES ON WORKING CONDITIONS WITHOUT MONETARY EFFECTS
- NEGOTIATION OF THE CLAUSES WITH OR WITHOUT MONETARY EFFECTS, RESULTING FROM THE HARMONIZATION OF THE COLLECTIVE AGREEMENTS
- NEGOTIATION OF THE GENERAL PAY RAISE RATES AND THE PENSION PLAN PROVISIONS

The next progress report will be presented to the delegation at the Federal Council that will be held at the end of November. 2005.



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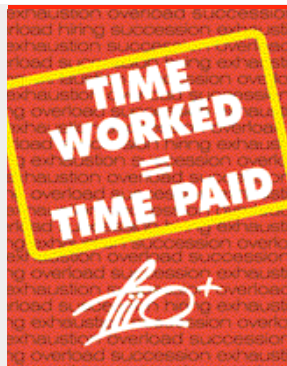
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# Health isn't negotiable! Discount health care, no way! Fixing the shortage, a question of survival!



There was a flow of contagious energy at the end of the Federal Council when delegates went to demonstrate in front of the Premier's office in Quebec City. Despite the cold, health professionals stood there chanting slogan, demonstrating their determination to sign a collective agreement that offers solutions for providing care. Among the demonstrators were giant puppets representing Jean Charest and Monique Jérôme-Forget, which brought a smile on many faces. An action of mobilisation under the banner of solidarity! If you have the inclination, don't hesitate to sing, on the French tune of *Bonhomme Bonhomme*, the song that delegates chanted high and loud to the Premier:

Charest Charest, faut négocier  
Charest Charest, sais-tu compter?  
Oui la santé c'est important  
C'est beaucoup plus que de l'argent

(Refrain)

Tes politiques sont pathétiques  
T'auras pas l'appui du public  
Eh Eh oui que veux-tu  
Nous à la FIIQ on n'en peut plus

Charest Charest, faut négocier  
Charest Charest, es-tu informé?  
Y a des problèmes dans la santé  
Non ça ne peut plus continuer

(Refrain)

Charest Charest, faut négocier  
Charest Charest, on est débordées  
La pénurie c'est ça qu'on vit  
Les professionnelles sont en sursis

(Refrain)

Charest Charest, faut négocier  
Charest Charest, il faut régler  
Travailler dans ces conditions  
Non jamais y en n'est plus question

(Refrain)

Charest Charest, faut négocier  
Charest Charest, y as-tu pensé?  
Les conventions sont expirées  
Nous à la FIIQ on veut régler

## The negotiations continue... actions too

The Executive officer in charge, Monique Leroux, accompanied by the members of the FIIQ Information and Support team, Sylvie Lachance and Sophie Bergeron, and the consultant, Lucille Auger, presented a first report on the action plan to the delegates. Health professionals became strikingly visible in most Quebec health institutions. Indeed, more than 20,000 T-shirts and 35,000 buttons were distributed. In several institutions, health professionals proved to be creative by decorating pumpkins with the FIIQ+ logo, wearing costumes and distributing information to make the Federation's negotiating priorities known. Halloween was definitely a successful FIIQ+ visibility operation.

### Actions carry on

Although there has been important progress at the bargaining table, the delegation decided to pursue the pressure tactics in order to maintain pressure in view of reaching an agreement on a collective agreement. The *Political and Public Pressure Operation* was conducted successfully with a demonstration in front of the Premier's office, on the last day of the Federal Council.



The booth held by the local team at the CHUS Hôtel-Dieu in the cafeteria.



Mascot of the day with the CHUL local team and members.

Here are the coming actions:

### WEEK OF NOVEMBER 13

#### *Essential Services Operation*

- Adoption of essential services by local general assemblies

#### *Time worked = Time paid Operation*

- Calculation of the time worked over and above regular hours
- Request to the employer for the payment of overtime
- Distribution and wearing of a sticker

### WEEK OF NOVEMBERS 20

#### *Continuation of the "Time worked = Time paid" Operation*

### WEEK OF NOVEMBER 27

#### *"Own duties" Operation*

- Presentation of a letter to the superior signed by each FIIQ+ member, notifying her that, as of now, they will only perform the duties stipulated in the job title description in accordance with Bill 90
- Public announcement of the "Time worked = Time paid" operation

#### *Political and Public Pressure Operation*

- Visits to MNAs and Ministers (intervention team)
- Holding of a Special Federal Council on negotiations

At a time deemed appropriate, there will be public denunciations regarding the current understaffing which does not even meet the minimum requirements of the Essential Services Act, the results of the *Time Worked = Time paid* Operation, the abusive use that is made of overtime and the results of the *"Own Duties"* Operation.

**Let us be visible, mobilized and united.**